

## **White House Conference on Aging Post-Event Summary Report**

**Name of Event:** NCAoA Annual Conference—Special Forum

**Date of Event:** April 14, 2005

**Location of Event:** Wrightsville Beach, North Carolina

**Number of Persons Attending:** 80

**Sponsoring Organization:** North Carolina Association on Aging (NCAoA), a professional non-profit association that includes health and social service professionals and organizations who are typically a part of the Aging Network, such as local councils, departments and area agencies on aging; senior centers; adult day care centers; adult social services; health departments; and other providers of home and community-based services.

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**Priority Issues:** [See attached for detail]

1. Strengthen the Aging Services Infrastructure, with Particular Emphasis on Home and Community-Based Care
2. Strengthen Support of Senior Centers as Community Focal Points for Information and Assistance
3. Promote Incentives and Supports for Individuals, Families, and Communities to Encourage and Help Sustain Independence

## **Policy Priorities as Expressed at NCAOA Pre-WHCoA Forum**

The listing below represents the overall sentiment expressed publicly by participants of the forum held at the annual conference of the North Carolina Association on Aging, April 14, 2005, at the Blockade Runner Hotel in Wrightsville Beach, N.C. Sixteen (16) persons gave testimony to an audience that included special guests, Costas Miskis, Regional Administrator, Region IV, U.S. Administration on Aging, and Sandy Markwood, Chief Executive Officer of the National Association of Area Agencies on Aging.

### **Strengthen the Aging Services Infrastructure, with Particular Emphasis on Home and Community-Based Care**

- Provide better balanced, more equitable long-term care options—currently, the majority of public funding for senior adults—reported by DHHS agencies—is spent on institutional care.
- Increase funding for home and community services so that more seniors can stay in their own homes longer—*Recognize that home and community care is not only the service of choice but smart for its cost-effectiveness*—“We need to stop warehousing seniors,” and assure their dignity and cost-effective care.
- Need to eliminate waiver system vis-à-vis Medicaid—that reflects a bias toward institutional care. Be careful in making changes to Medicaid, especially if they were to shift costs from Federal government to the States.
- More fully utilize the capability of the Aging Network as demonstrated by its fast, low-funded, but effective educational and outreach campaign on Medicare Part D. The Aging Network operates on a ‘shoe-string’ budget—it needs additional operating support. One speaker cited the example that in his county, roughly \$700,000 is spent for services under the Home and Community Care Block Grant, while more than \$15 million is spent in Medicaid for nursing home care.
- Expand support of training and other capacity-building for the Aging Network.
- Promote reauthorization of the Older Americans Act and adequate federal appropriations to support its ambitious yet vital objectives.
- Assure adequate funding for aging and adult services through the federal Social Services Block Grant—with one speaker citing that SSBG funding has not increased since 1980.
- Support development of public-private partnerships to allow senior adults to stay at home.
- Increase funding for adult day services.
- Increase funding for transportation.
- Increase availability of case management social workers and access to a quality Information and Assistance system.
- Increase availability of geriatric mental health programs and strengthen the connection between the aging and mental health networks.
- Assure adequate compensation and benefits for the aging services workforce, professional and paraprofessional.

### **Strengthen Support of Senior Centers as Community Focal Points for Information and Assistance**

- Establish a more prominent, better funded component in the Older Americans Act targeted at Senior Centers.—It is difficult to pull funds for operating Senior Centers away from other needed services.
- Increase funding for Senior Centers as an access point for all services, and for outreach into the community.
- Expand support of North Carolina’s Senior Center certification program for Centers of Excellence and Merit.
- Expand support for training of Senior Center management and other staff, including ongoing support of the Ann Johnson Institute for Senior Center Management.
- Otherwise support activities to enhance the business acumen of Senior Centers.

### **Promote Incentives and Supports for Individuals, Families and Communities to Encourage and Help Sustain Independence**

- Assure adequate funds for medication management programs as well as prescription drug assistance—it is vital to get seniors away from unnecessary use of drugs whenever possible.
- Promote training and employment opportunities for older workers, with special attention to those affected by plant closings.
- Increase support of family caregivers, including working caregivers—through respite, education, and support groups—long-distance caregivers, the ‘sandwich generation’ who are both caring for children and parents, and the middle-income who cannot get the support they need to help with home and community care. Recognize that families provide most of the long-term care—1 of every 4 adults in North Carolina is providing care to someone aged 60 and older, with 50% of the care recipients having dementia. With especially heavy caregiving demands for persons with dementia, expand support for Alzheimer’s Demonstration (such as Project C.A.R.E. in North Carolina).
- Expand the definition of ‘kinship care’ under the national Family Caregiver Support Program to include care of adult children with disabilities.
- Increase support for grandparents raising grandchildren.
- Encourage and support communities in preparing for an aging population.
- Strengthen health promotion and disease prevention activities, including fitness and nutrition.
- Support further testing and development of consumer-directed care, with the approach of ‘money following the person.’